

## ANTIFUNGAL PA SUMMARY

<b>PREFERRED</b>	ciclopirox nail lacquer, fluconazole tablets/oral suspension/injection, itraconazole capsules, terbinafine tablets
<b>NON-PREFERRED</b>	CNL8 Nail Kit, Lamisil tablets, Lamisil oral granules, Noxafil, Penlac nail lacquer, Sporanox capsules and pulsepak, Sporanox oral solution, Terbinex kit, Vfend

**LENGTH OF AUTHORIZATION:** Varies based on drug and diagnosis

### PA CRITERIA:

*For fluconazole injection*

- ❖ Medication must be administered in member's home by home health or in a long-term care facility.

*For terbinafine (Lamisil) tablets*

- ❖ Approvable for the treatment of onychomycosis. Submit documentation of positive KOH preparation, fungal culture, or nail biopsy.

*For Lamisil oral granules*

- ❖ Approvable for the treatment of tinea capitis in members 4-12 years of age. Submit documentation of allergies, drug-drug interactions, contraindications, or a history of intolerable side effects to griseofulvin.

*For ciclopirox (Penlac) or CNL8*

- ❖ Approvable for the treatment of mild to moderate onychomycosis or white superficial onychomycosis in members with diabetes mellitus or peripheral vascular disease. Submit documentation of positive fungal culture result.
- ❖ Approvable for the treatment of moderate to severe onychomycosis in members with diabetes mellitus, peripheral vascular disease, or immunocompromised status. Submit documentation of positive fungal culture result AND allergies, drug-drug interactions, contraindications, or a history of intolerable side effects to terbinafine (Lamisil).

*For itraconazole (Sporanox capsules or pulsepak)*

- ❖ Approvable for the treatment of onychomycosis. Submit documentation of allergies, drug-drug interactions, contraindications, or a history of intolerable side effects to terbinafine (Lamisil) AND positive KOH preparation, fungal culture, or nail biopsy.
- ❖ Approvable for the diagnosis of aspergillus, blastomycosis, or histoplasmosis.
- ❖ Approvable for the diagnosis of tinea versicolor, tinea cruris, tinea corporis, or tinea pedis when infections involve a large area of the body or the member is immunocompromised.

*For Noxafil*

- ❖ Noxafil is approvable for the following diagnoses:

- Preventative therapy for invasive aspergillus and/or candida in immunocompromised members
- Invasive aspergillosis, zygomycosis, fusariosis, or other moulds that are resistant to previous systemic antifungal therapy
- ❖ Noxafil is also approvable for oropharyngeal candidiasis refractory to itraconazole or fluconazole *OR* submit documentation of allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to itraconazole or fluconazole.
- ❖ Noxafil is also approvable for continuation of therapy following discharge from a hospital for certain diagnoses.

*For Sporanox oral solution*

- ❖ Approvable for the diagnosis of oropharyngeal candidiasis (thrush), esophageal candidiasis, or empiric febrile neutropenia.
- ❖ Approvable in patients meeting Sporanox capsules or pulsepak criteria who are unable to swallow capsules.

*For Terbinex Kit*

- ❖ Terbinafine tablets are preferred and also require PA. If terbinafine tablets cannot be used, submit a written letter of medical necessity detailing reason(s).

*For Vfend*

- ❖ Approvable for members using oral Vfend for continuation of therapy after being started on IV Vfend therapy
- ❖ Approvable for members who have tried one other systemic antifungal agent and who have one of the following diagnoses:
  - Esophageal candidiasis
  - Invasive aspergillus
  - Fungal infection caused by *Scedosporium apiospermum*
  - Fungal infection caused by *Fusarium* species
  - Candidemia in nonneutropenic patient
  - Disseminated *Candida* skin infection
  - *Candida* infection in abdomen, kidney, bladder wall, or wound

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.gbp.georgia.gov](http://www.gbp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.